

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

16372  
STATE FILE NUMBER

FILED JUN 10 1957

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 140

Health & Welfare Public Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <i>Callaway</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Fulton</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Fulton</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Sedalia</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>State Hosp #1</i>			Length of stay in It <i>3 months</i>		d. STREET ADDRESS <i>520 N. 2nd</i>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <i>Lucinda De Jarrett</i>				4. DATE OF DEATH Month <i>June</i> Day <i>5</i> Year <i>57</i>					
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Apr 11-1870</i>		9. AGE (In years last birthday) <i>87 yrs</i>		IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>D.K.</i>		11. BIRTHPLACE (City and state or country) <i>Pettis Co Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		
13. FATHER'S NAME <i>Charles Wm. Haskin</i>				14. MOTHER'S MAIDEN NAME <i>D.K.</i>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>none</i>		17. INFORMANT Address <i>Drop Road Fulton Mo</i>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Chronic Myocarditis</i>							INTERVAL BETWEEN ONSET AND DEATH		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <i>Gen. Atherosclerosis</i>							
		DUE TO (c) <i>Fracture of left hip</i>					422-1 F		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <i>Fall on Drop. Road. Confused</i>							
20c. TIME OF INJURY Hour <i>3</i> Month <i>21</i> Day <i>57</i> a. m. p. m.		20d. PLACE OF INJURY (e. g., in or about home, factory, street, office bldg., etc.) <i>State Hosp #1</i>							
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>Fulton</i>		20g. COUNTY <i>Callaway</i>		20h. STATE <i>MO</i>			
21. I attended the deceased from <i>2-9-57</i> to <i>6-5-57</i> and last saw her alive on <i>6-4-57</i> . Death occurred at <i>2 45</i> A. M. on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Wm. J. Cremer, M.D.</i>				22b. ADDRESS <i>State Hosp Fulton</i>		22c. DATE SIGNED <i>6-5-57</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>7 June 1957</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Resown Hall Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Sedalia, MO.</i>			
24. FUNERAL DIRECTOR <i>Marpin</i>			ADDRESS <i>Fulton Mo</i>		25. DATE RECD. BY LOCAL REG. <i>June 8-1957</i>		26. REGISTRAR'S SIGNATURE <i>Martha Lawrence</i>		

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ..... Student Embalmer No. .... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *J. J. Ross*.....  
Licensed Embalmer No. *255*.....

P. O. Address *Hutton*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.